

ATYPICALS

Products Affected

Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL

Details

Criteria	Claim will pay automatically for Fanapt or Lybalvi if enrollee has a paid for at least a 21 day supply of 2 generic formulary agents in the past 365 days. Otherwise, Fanapt or Lybalvi requires a step therapy exception request indicating: (1) diagnosis that is not covered by 2 generic formulary agents, OR (2) history of inadequate treatment response with 2 generic formulary agents, OR (3) history of adverse event with 2 generic formulary agents, OR (4) 2 generic formulary agents are contraindicated.
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OSTEOPOROSIS

Products Affected

Step 2:

- *risedronate sodium tablet 35 mg oral*
- *risedronate sodium tablet 35 mg oral (12 pack)*
- *risedronate sodium tablet 35 mg oral (4 pack)*
- *risedronate sodium tablet delayed release 35 mg oral*

Details

Criteria	Claim will pay automatically for risedronate if enrollee has a paid claim for at least a 21 day supply of generic alendronate or ibandronate in the past 365 days. Otherwise, risedronate requires a step therapy exception request indicating: (1) history of inadequate treatment response with generic alendronate or ibandronate, OR (2) history of adverse event with generic alendronate or ibandronate, OR (3) generic alendronate or ibandronate is contraindicated.
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OXYCODONE ER

Products Affected

Step 2:

- *oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral*

Details

Criteria	Claim will pay automatically for oxycodone ER if enrollee has a paid claim for at least a 21 day supply of morphine ER tablets (MS Contin generic only) or methadone in the past 365 days. Otherwise, oxycodone ER requires a step therapy exception request indicating: (1) history of inadequate treatment response with morphine ER tablets (MS Contin generic only) or methadone, OR (2) history of adverse event with morphine ER tablets (MS Contin generic only) or methadone, OR (3) morphine ER tablets (MS Contin generic only) or methadone is contraindicated.
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My Choice Wisconsin

Step Therapy 2024

Last Updated 06/24/2024

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